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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-03)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(940018)-ROMANIANS VISIT U.S. NAVAL HOSPITAL SIGONELLA
(940019)-NMCL ANNAPOLIS CORPSMAN RECEIVES NAVYWIDE RECOGNITION
(940020)-NAVY MEDICAL DEPARTMENT RESERVISTS SELECTED FOR RADM
(940021)-ALL THE BETTER TO SEE YOUR SMILE
(940022)-PATIENT ADMINISTRATION OFFICERS -- YOUR ROLE IN EFMP
(940023)-MEDICAL EDUCATION AND TRAINING CONSOLIDATED/CME MOVE
(940024)-HEALTHWATCH: STOCK A FIRST AID KIT BEFORE YOU NEED IT
(940025)-HIV AND YOU

HEADLINE: Romanians Visit U.S. Naval Hospital Sigonella
USNH Sigonella, Italy (NSMN) -- With the end of the Cold War, Eastern-bloc nations began looking West for new ways of getting things done, from business to government and even military training.

The United States began trading information with three countries through the Military-to-Military Program. This program provides European nations with information on how the U.S. military operates by hosting groups to our military installations throughout the European theater of operations.

Recently, U.S. Naval Hospital Sigonella played host to six visiting Romanian military medical officers who spent a few days there getting the feel for the daily operations of a hi-tech hospital.

"We are very impressed by many things here, such as the medical laboratories and also the very modern blood bank," stated COL Petre Chertic, Deputy of Medical General Inspectorate for the

Romanian Minister of Defense.

The Romanians also made an impression on the Sigonella staff. "Our staff was greatly impressed with the professionalism and national pride of our visitors," commented CAPT Buddy T. Sparks, Commanding Officer, USNH Sigonella.

Although the language barrier did present a problem, the Romanians brought along MAJ Florin Paul, Chief of Laboratory Services and Preventive Medicine, as a fellow doctor and translator.

During the five-day visit, the group was briefed and given tours of the departments that make up a modern naval hospital. Chertic remarked after the tours that although Romanian military hospitals were not as technically advanced, "We hope in the future to model our hospitals after this one."

The familiarization tour was not all work for the Romanians, as the naval hospital command staff had scheduled a base tour and visits to the Navy Exchange, Sight and Sound Store and the commissary and also hosted dinners on and off base.

All too soon, the visiting doctors were on their way back to Romania, hoping to put in place the procedures and techniques they had learned from the U.S. Naval Hospital in Sigonella. Upon their departure, Sparks offered a hope that "their visit will allow for opportunities for professional exchanges and great friendships in the future."

Story by JO3 Mike Pressel, American Forces Network

-USN-

HEADLINE: NMCL Annapolis Corpsman Receives Navywide Recognition

NMCL Annapolis, MD (NSMN) -- Nestled in a remote corner at the Bancroft Hall Branch Clinic, Naval Medical Clinic Annapolis, is the fast-paced office of HM2 Jill Aniolek-Maners, the Medical Clinic's Aeromedical Space Technician, the U.S. Naval Academy's Senior Sailor of the Quarter, 3rd Quarter 1993, and the Navy's newly selected Aerospace Medicine Technician (AVT) of the Year.

Aniolek-Maners is the sole AVT, responsible for reviewing more than 1,000 aviation physicals yearly. She interacts closely with midshipmen each day, helping them to realize their dreams to someday become Navy pilots.

For Aniolek-Maners, this is a rewarding and fulfilling job. She does admit it is challenging. "You can't be the good guy, or everyone's buddy," she said. "I have to qualify each person like I would be on that plane with him or her. Not everyone can be medically qualified to become a pilot."

"She started making my job easier as soon as she got here in July 1993," said LT Timothy Rayner, MC, Head, Physical Exams Department and flight surgeon at the Naval Medical Clinic. "She has a lot of really tough problems solved before they even come to my attention. I recently had an opportunity to compare notes with some other flight surgeons, and they were uniformly amazed at some of the particular instances in which she essentially moved mountains."

Aniolek-Maners is as busy off duty as she is on the job. She feels no Navy experience is complete without community involvement. "People need to do things for their commands and

communities," she said, "and not just work nine to five." She volunteers her time as president of the Parent Advisory Board of the Base Child Development Center and teaches first aid and cardiopulmonary resuscitation to base-certified family home care providers.

Aniolek-Maners, who hails from Madison, CT, enlisted in the Navy in August 1986. She and her husband, Mark Maners, have three daughters: 3-year-old twins, Lauren and Kim, and Leah, age 2.

Throughout her career, Aniolek-Maners has simply set her goals and then achieved them. Of her current accomplishment, she said, "I am not here to be a doctor or a nurse; I enjoy being an AVT and I plan to hopefully become a master chief someday." In offering advice for all petty officers, she shared her philosophy toward work: "Make your command a little bit better because you were there. When you leave, the command should be better because of what you have put into it."

Story by LTjg Barbara M. Krauz, MSC, USNR

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HEADLINE: Navy Medical Department Reservists Selected for RADM BUMED Washington (NSMN) -- Congratulations to the following reservists on their selection for promotion to the grade of rear admiral (lower half), announced by Secretary of the Navy John H. Dalton on 10 January 1994:

-- CAPT Jan Holland Nyboer, MC, USNR, formerly commanding officer, Fleet Hospital 9, Readiness Command 22, Seattle, WA;

-- CAPT Paul Vincent Quinn, MC, USNR, Medical/Dental Officer, Visiting Doctor Program and Credentialling, Readiness Command 16, Minneapolis-St. Paul, MN;

-- CAPT Robert F. Birtcil Jr., DC, USNR, Administrative Air Dental Training Officer, Naval Air Reserve Alameda, CA;

-- CAPT Douglas L. Johnson, MSC, USNR, Director, Health Services, Readiness Command 6, Washington, DC; and

-- CAPT Nancy Aleen Fackler, NC, USNR, who mobilizes under Program 32 as Director of Nursing Services, Naval Hospital Jacksonville, FL.

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HEADLINE: All the Better to See Your Smile

SUBHEAD: Hospital, Dental Teams Screen Sullivans Students

USNH Yokosuka, Japan (NSMN) -- This past December, teams from the U.S. Naval Hospital Yokosuka Eye Clinic and U.S. Naval Dental Center held a screening at The Sullivans Elementary School and Yokosuka Child Development Center. Earlier in the year, Eye Clinic and Dental Center teams held similar screenings in Yokosuka.

According to optometrist LT Regina O'Nan, MC, and pediatric dentist LCDR Susan Leary, DC, the children were eager and cooperative. More than 1,400 children were seen, resulting in approximately 150 referrals.

Vision screening checked for visual acuity, binocular coordination, refractive error, and possible eye disease, said O'Nan. Children who did not successfully pass the vision

screening were given a letter informing their guardians of the results. This letter included instructions on how to arrange for a more complete eye examination.

A vision screening is not a complete diagnosis, said O'Nan. It is only a rough approximation of how well a person can see. Health care professionals, therefore, recommend that all children receive a complete professional eye examination on a semi-annual basis.

In general, the oral screening results showed few children with severe problems such as swellings or painful teeth, said Leary. The most common problem seemed to be dirty teeth, she said. Overall, 63 percent of the children required no immediate care, 36 percent required routine treatment, and 1 percent needed emergency treatment.

"The kids really need help brushing and flossing their teeth," said Leary. "In many cases the ounce of prevention really is more preferable than the pound of cure. The dental screening is a valuable awareness tool for Yokosuka families."

Vision screenings and dental checks: All the better to see your smile.

-USN-

HEADLINE: Patient Administration Officers -- Your Role in EFMP

BUPERS Washington (NSMN) -- It has been three years since the Exceptional Family Member Program (EFMP) became a mandatory requirement per OPNAV Instruction 1754.2A. Almost 8,000 family members with disabilities and/or chronic illnesses have been enrolled. However, enrollment is only the first step in this important quality of life program. Providing quality assistance is the next phase for our Navy families.

EFM families may come to your attention in a variety of ways:

- an early return from overseas because specialized services are unavailable;
- a family member medevac'd with emergency needs;
- a newborn, a high-risk pregnancy or other family member diagnosed with an illness requiring long-term care and management; or
- a family member unable to successfully screen for a remote or overseas location.

Enrollment in the EFMP prior to projected rotation date meets two goals: ensuring future assignments to areas where needs can be met and providing relocation assistance before transfer.

To meet these goals, your medical facility must ensure that physicians are knowledgeable of enrollment requirements, that your EFM coordinator is well known within your facility and by tenant commands in the area, that your coordinator networks with overseas screening, family service centers and personnel support detachments, and that patients are enrolled before disengagement from your facility.

For assistance or information, contact the EFM Program Office at: Exceptional Family Member Program, Bureau of Naval Personnel (Pers-662D), Navy Annex, Washington, DC 20370-5662;

(703) 693-3308, DSN 223-3308, 1 800 527-8830 (outside Virginia), fax numbers are DSN 224-3345 or (703) 693-6471.

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HEADLINE: Medical Education and Training Consolidated/CME Move
HSETC Bethesda (NSMN) -- Responsibility for Medical Department education and training policy and execution is now consolidated under the Commanding Officer, Naval Health Science Education and Training Command (HSETC). Commanding Officer CAPT James F. Bates, MSC, now serves as the Surgeon General's Special Assistant for Education and Training (MED 09T), advising VADM Donald F. Hagen, MC, on all educational matters. This organizational realignment shifts training functions and assets from the Bureau of Medicine and Surgery (MED 53) to HSETC. HSETC Training Program Managers (TPMs) have responsibility for coordinating all aspects of a cluster of related training programs: The TPM manages program resources, oversees curriculum development, evaluates training, and maintains liaison with all others who have an interest or role in the program.

Management responsibility of continuing medical education has been realigned at HSETC. CME is now under the auspices of CAPT B.T. HOGAN, MC, Director for Medical Corps Professional Programs. This move places Medical Corps training programs under a single manager. Specific points of contact for CME are: LTjg A. P. Arvanitis, MSC, HM2 E. Pinder, and HM2 D. Thompson, who can be reached at (301) 295-0649; DSN 295-0649.

Story by LCDR J A Kramer, MSC

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HEADLINE: HEALTHWATCH: Stock A First Aid Kit Before You Need It
FLAGSHIP Norfolk, VA (NSMN) -- You can buy well-stocked, prepackaged first aid kits or you can tailor the contents to fit your family's particular needs.

Don't just add first aid supplies to the jumble of toothpaste and aftershave in the medicine cabinet. Instead, put them in a labeled box, such as a fishing tackle box or small tool chest with hinged cover. This way everything will be handy when needed.

Label everything in the kit clearly and indicate what it is used for. If you can find a small first aid handbook, put that in your kit also.

Be sure not to lock the box, otherwise you may be hunting for the key when seconds count. Place the box on a shelf beyond the reach of small children.

Check it periodically and always restock items as soon as they are used up.

Every first aid kit will be different, but they should all have at least the essential items for rendering first aid in an emergency situation.

The following items are obtainable without a prescription and recommended for a well-stocked first aid kit:

- a box of 12 4x4-inch sterile dressings individually wrapped for cleaning and covering wounds;
- a roll of gauze bandage, 2 inches wide, for bandaging

sterile dressings over wounds;

- at least three roller bandages 3 inches by 5 yards; three squares of cloth 42 by 42 inches to make triangular bandages or slings; supply of safety pins 1.5 inches long to hold the triangular bandages in place;

- two wooden splints (obtainable from surgical supply stores);

- box of assorted dressings (BandAid, Curad, or similar product)

- two rolls of adhesive tape, 1 inch and 2 inches wide;

- roll of absorbent cotton;

- tube of petroleum jelly;

- tube of antibiotic salve;

- bottle of calamine lotion for sunburn, insect bites, rashes, etc.;

- bottle of ipecac syrup to induce vomiting;

- box of baking soda (bicarbonate of soda);

- pair of scissors;

- pair of tweezers;

- packet of needles;

- sharp knife or packet of stiff-backed razor blades;

- medicine (eye) dropper;

- oral thermometer;

- hot water bottle;

- ice bag;

- flashlight with fresh batteries;

- coins (for pay phone when you take the kit on motor trips).

Reprinted from The Flagship, 13 January 1994

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HEADLINE: HIV and You

BUMED Washington (NSMN) -- The "America Responds to AIDS" campaign, sponsored by the Centers for Disease Control, has published numerous educational documents related to HIV/AIDS prevention. One such document discusses what parents should say to teenagers in junior and senior high school. Since one out of five teenagers in this country contract a sexually transmitted disease, the following excerpts from that document may prove useful in your teaching endeavors.

Teenagers are faced with choices about drug and alcohol use and sex. Because HIV is spread through sexual intercourse or sharing drug needles and syringes, teens need to learn how to make decisions that keep themselves and others from being infected with HIV. Since alcohol and drugs can cloud thinking, teens need to learn that using these substances can cause them to make decisions that can put them at risk.

Like younger children, teens must also learn to distinguish myths from facts about HIV infection and AIDS. They need to learn about the issues that the disease poses for society, such as the importance of opposing prejudice and discrimination. Discussing all of these things will help equip teens to make decisions that can prevent the spread of HIV infection.

In a conversation with a teen, consider including the

following points about making decisions, HIV infection, and AIDS: give a definition of AIDS; give a definition of HIV infection; explain how HIV is transmitted from one person to another; explain how to avoid HIV infection from sex; explain how HIV is transmitted through drug use; discuss how to join the community response to AIDS; give your thoughts on the importance of understanding and compassion toward people with AIDS; and talk about the importance of eliminating prejudice and discrimination related to AIDS.

In next week's article we will talk about what you may consider saying to your teens about becoming infected through sexual intercourse.

For more information or to become a Navy-certified HIV prevention instructor, call the Navy HIV Program at DSN 295-0048, commercial (301) 295-0048.

Story by LCDR Catherine Wilson, NC, USN

Surgeon General's Representative for HIV Education Policy

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4. February observances and events occurring 1-6 February:
FEBRUARY

Black History Month -- "Empowering Afro-American
Organizations: Present and Future"

American Heart Month

National Children's Dental Health Month

AMD Awareness Month (Age-related Macular Degeneration)

2 February: Groundhog Day

4 February 1941: USO Founded

6-12 February: National Burn Awareness Week

6-12 February: National Crime Prevention Week

6-12 February: Boy Scout's of America Week

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-1315; DSN 294-1315. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL.

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